

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (For use with Form PTO/SB/06)							Application Number		Filing Date			
							Applicant(s) <b>Dewhirst, R. E. et al.</b>					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	CANCEL						51	Ind.				
2	CANCEL						52		51			
3	CANCEL						53		51			
4	CANCEL						54		53			
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33	CANCEL						83					
34	Ind.						84					
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41		40					91					
42	Ind.						92					
43		42					93					
44		43					94					
45		44					95					
46		45					96					
47		44					97					
48		47					98					
49		45					99					
50		45					100					
Total Indep							Total Indep	3				
Total Depend							Total Depend	18				
Total Claims							Total Claims	21				

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# CLAIMS ONLY

SERIAL NO.

09928725

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS